

Consultation Report

Topic details

Title of Policy or Policy Statement:	Gemcitabine and capecitabine following surgery for pancreatic cancer (all ages)
Programme of Care:	Cancer
Clinical Reference Group:	Chemotherapy
URN:	170101P

1. Summary

This report summarises the outcome of a public consultation that was undertaken to test the policy proposition.

2. Background

Pancreatic cancer is the 11th most common cancer in the UK with approximately 9,600 diagnoses per annum. The disease more common in older adults and almost half of all new cases are diagnosed in people aged 75 and over (Cancer Research UK, 2018).

Because pancreatic cancer is often diagnosed quite late, it is estimated that only 10% of people are able to undergo curative surgery. The current standard of care in England means that most people who undergo potentially curative surgery will also receive adjuvant chemotherapy treatment, using a medicine called gemcitabine. This is given to reduce the chance of disease recurrence.

The policy proposition recommends that another chemotherapy medicine, called capecitabine, should be added to gemcitabine to treat pancreatic cancer following potentially curative surgery, where surgery has achieved either microscopic clearance (R0) or microscopic infiltration (R1) of the surgical (resection) margins. This combination is intended to further improve outcomes compared to gemcitabine alone.

Stakeholder testing was completed as part of the policy development process.

3. Publication of consultation

The policy proposition was published and sign-posted on NHS England's website and was open to consultation feedback for a period of 30 days from 20th July 2018 to 19th August

2018. Consultation comments have then been shared with the Policy Working Group to enable full consideration of feedback and to support a decision on whether any changes to the policy proposition might be recommended.

Respondents were asked the following consultation questions:

- Has all the relevant evidence been taken into account?
- Does the impact assessment fairly reflect the likely activity, budget and service impact? If not, what is inaccurate?
- Does the policy proposition accurately describe the current patient pathway that patients experience? If not, what is different?
- Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that have been described?
- Are there any changes or additions you think need to be made to this document, and why?

4. Results of consultation

There were seven responses to the public consultation, all of which were supportive of the policy proposition. All responses received were from clinicians, one of which was submitted on behalf of an NHS trust.

5. How have consultation responses been considered?

Responses have been carefully considered and noted in line with the following categories:

- Level 1: Incorporated into draft document immediately to improve accuracy or clarity
- Level 2: Issue has already been considered by the CRG in its development and therefore draft document requires no further change
- Level 3: Could result in a more substantial change, requiring further consideration by the CRG in its work programme and as part of the next iteration of the document
- Level 4: Falls outside of the scope of the specification and NHS England's direct commissioning responsibility

All seven responses to public consultation were supportive of the policy proposition and raised no further issues for consideration. All responses to public consultation have been graded as Level 2 responses.

6. Has anything been changed in the policy as a result of the consultation?

The PWG has considered the responses and in light of the universally positive feedback has not made any changes to the policy proposition.

7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposal?

None.